

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

12504

BIRTH NO. 81948 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3219

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LE MAY</u> <u>4850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>11 SUMMITT</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLORIA</u> b. (Middle) <u>Joy</u> c. (Last) <u>WHERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 7, 1952</u>
9. AGE (In years last birthday) <u>5</u>	10. MONTHS <u>17</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>Richard WHERRY</u>		13b. MOTHER'S MAIDEN NAME <u>ELEENOR NELSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jeanne Carpenter</u>		ADDRESS <u>500 S. Kingshighway</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tricuspid stenosis</u> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7544</u>			
22. I hereby certify that I attended the deceased from <u>March 10, 1953</u> , to <u>March 24, 1953</u> , that I last saw the deceased alive on <u>March 24, 1953</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. G. Kleiberg MD</u> (Degree or title)		23b. ADDRESS <u>Children's Hospital</u>	
23c. DATE SIGNED <u>3-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 26-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>1200 LEMAY FERRY RI MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR 26 1953</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Zey</u>		ADDRESS <u>Funeral Home Inc. 4100 LEMAY FERRY RD</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*VE Morris*

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.